Board of Chiropractic Examiners

2525 Natomas Park Drive, Suite 260 Sacramento, CA 95833 Telephone (916) 263-5355 FAX (916) 263-5369 CA Relay Service TT/TDD (800) 735-2929 Consumer Complaint Hotline (866) 543-1311 www.chiro.ca.gov

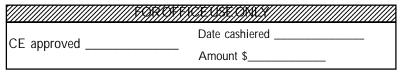


RESTORATION APPLICATION

Instructions: In order to restore a forfeited license, you must complete all the information requested on this application. Failure to provide the requested information will result in rejection of the application as incomplete. Include a check or money order in the amount of \$300.00. This restoration fee is nonrefundable. In addition to the application and fee, you must include proof of 12 hours of Board-approved continuing education taken within the past 12 months (4 of the 12 hours must include adjustive technique) and current certification in cardiopulmonary resuscitation or basic life support.

	r type					
Name:	Last	First	Middle	Former	License number:	
Address:	Number		Street		Date of forfeiture:	
	City	State		Zip Code	ATTACH A BUGTOOF	4.51.1
Home telephor	ne	Work	telephone		ATTACH A PHOTOGR	АРН
()		()		Taken Within 60 Days	of
Practice Addr	ess: Number		Street		the Filing of this	
	City	State		Zip Code	Application	
Date of Birth	Driver's Licer	nse Number/State	lumber/State Social Security N		NO POLAROID	
Are you licens	ed in any other s	tate or country?	Yes		No If yes, please specify below.	
Are you licens	sed in any other s	tate or country?	Yes Issue Date	License		:
Are you licens		tate or country?		License		
	State/Country College you atter		Issue Date	License	Number Current Status	

Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



1.	Have you ever been convicted of or pled guilty or no contest to a violation of any la of a foreign country, the United States, any state, or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense	
	including those which have been set aside under Penal Code section 1203.4. (Traffi violations of \$300 or less need not be reported.) If yes, include a copy of your crim court documents; i.e. complaint, minute order, indictment, plea agreement, etc.	С
2.	Are you now on probation or parole for any criminal or administrative violations in state or any other state? (Attach certified copies of all disciplinary or court documents)	
3.	Have you ever had disciplinary proceedings against any professional license includir revocation, suspension, probation, voluntary surrender, or any other proceeding in t state or any other state?	_
4.	Are you now, or have you ever been, addicted to the use of narcotics or controlled substances?	Yes No
5.	Are you now, or have you ever been, addicted to alcohol or other drugs?	Yes No
6.	Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism or drug addiction?	Yes No
7.	Have you at any time practiced chiropractic on a forfeited, expired, cancelled or inactive license? If yes, indicate the dates of practice in your explanation.	Yes No
8.	Have you ever been denied a license or similar privilege by a licensing agency, or be denied the opportunity to take a licensing examination?	en Yes No
	Please attach to this application a copy(ies) of your proof of completion o Board-approved Continuing Education.	f
	I certify, under penalty of perjury under the laws of the State of California, that all in in connection with this application for restoration is true, correct and complete. Provinformation or omitting required information may constitute grounds for disciplinary license.	viding false
	Signature	
	Print Name	
	Date Page 2	Form #09restore (Rev. 12/04)

You must answer all questions and provide an explanation for each affirmative answer. Please attach your explanation(s) to the application. Failure to do so will result in the denial of your restoration application.